Public Health Advisory Board (PHAB)
DRAFT Accountability Metrics Subcommittee meeting minutes
October 13, 2017
1:00-3:00 pm

Welcome and roll call
PHAB members present: Muriel DeLaVergne-Brown, Eva Rippeteau, Eli Schwarz, Jennifer Vines

Oregon Health Authority (OHA) staff: Sara Beaudrault, Steven Fiala

One correction was noted for the September 26 meeting minutes. Jennifer Vines attended and should be added to the list of PHAB members who were present. Minutes were approved with this change.

Subcommittee updates
No updates were provided.

Local public health process measures
Sara provided an overview of the purpose for establishing local public health process measures for each of the accountability metrics adopted by PHAB in June. Local public health process measures will bring attention to the unique and essential work of public health departments to make improvements in the accountability metrics. The purpose is to emphasize the work that will move the system forward, in part to emphasize the need for sufficient funding to do this work.

The purpose for today's meeting is to review and provide feedback on process measures that have been recommended by OHA, and to provide approval to take recommended measures to PHAB for a vote on October 19. Local public health administrators and health officers reviewed and provided feedback on these measures during a webinar on October 3, and by submitting written comments following the webinar.

A matrix showing recommended process measures, rationale, data sources, current funding, examples of activities to meet the measure and feedback from local public health officials is available in the 10/13 meeting materials. A summary of recommended process measures is included on page 7-8 of these minutes.

Communicable disease control

Two year-old vaccination rates: The subcommittee discussed the measure recommended by OHA, for the percent of clinics [that serve populations experiencing vaccination disparities] that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program.

Muriel described Central Oregon's approach to implementing AFIX with health care providers and noted that vaccination rates are going up. Eli questioned how public health and CCOs could work together on this shared metric and suggested that it be tied to the PHAB *Guiding Principles for Public Health and Health Care Collaboration*. Muriel described Central Oregon Health Council's involvement. Muriel also noted that often health care providers receive incentive payments when a CCO meets incentives metrics, but not public health. This needs to be looked at as a systems issue.

Decision: The subcommittee approved recommending this measure to PHAB.

Gonorrhea rates: OHA presented four process measures that have been discussed by local public health officials and staff. These need to be narrowed down to 1-2 process measures.

The subcommittee discussed the process measure for # of FTE trained and employed to conduct gonorrhea case management. Eli suggested that collecting FTE as a baseline should be done for all local public health authorities (LPHAs). He suggested that it be collected but not be used as a metric. Muriel stated there is a need for consistent, standardized training. She stated that we have consistently gone backwards in our resources to support staff training. Training should be a state/local partnership, and training should be looked at for all local public health process measures.

Sara stated that OHA recommends the first two process measures. The purpose for increasing FTE would be to conduct the activities for these two measures.

Decision: The subcommittee approved recommending process measure #1 and #2 (related to treating contacts and completing priority fields on case reports) to PHAB.

Access to clinical preventive services

Effective contraceptive use: The subcommittee discussed two proposed process measures. Assuring access to clinical preventive services is a new area for public health; as such, these process measures focus on working with local partners to complete an assessment of access to effective contraceptives, and working with local partners to develop a plan to address barriers.

Jen expressed concern that many of the recommended process measures require participation from CCOs, so these measures are not owned solely by public health. Eli stated this is a challenge of two systems coming together to focus on improving care for vulnerable populations. Eli noted that effective contraceptive use is also a CCO incentive measure, and this should be included in the rationale. Muriel stated that public health can have ownership of the assurance function but not the provision of care. She also stated that LPHAs should not be required to serve as convener for local assessments and plans; in some instances they may be participants rather than conveners.

Decision: The subcommittee approved recommending the process measure for developing local policy plans or strategies for increasing access to effective contraceptives to PHAB.

Dental visits for 0-5 year olds: The subcommittee reviewed three proposed process measures.

Eli expressed reservations with the proposed process measures. He noted that few LPHAs provide dental services, and access among dental providers for this age group is limited in many areas of the state. Therefore, establishing a process

measure to increase referrals may be unsuccessful if no organizations are able to accept the referrals. Muriel agreed. Eli also stated the process measures are too weak to make any real changes. For example, training can be provided, but that doesn't mean it will be acted upon.

Eli shared state and national data on dental care activity for Medicaid-enrolled children. He stated that more exploration of the data that are currently available is needed before selecting measures and offered suggestions for venues through which this could happen.

Decision: Eli made a motion not to adopt a process measure for dental visits for 0-5 year olds. Instead the subcommittee should continue to assess data that are available and explore public health roles and functions to increase dental visits for this population. Muriel seconded the motion, and all subcommittee members were in favor.

Prevention and health promotion

Adults who smoke cigarettes: The subcommittee discussed the measure recommended by OHA, for the percent of community members reached by local tobacco retail or smoke-free policies.

Muriel stated that flexibility is needed at the local level, in part due to local politics that make it very challenging for some areas to pass ordinances. However, all LPHAs can make progress.

Eli noted that reducing tobacco use prevalence is also a CCO incentive measure, and this should be included in the rationale.

Decision: The subcommittee approved recommending this measure to PHAB.

Opioid overdose prevention: The subcommittee discussed two process measures related to Prescription Drug Monitoring Program (PDMP) top prescribers.

Eli asked for a definition of top prescriber and whether it includes all provider types, including dentists.

A subcommittee member noted the written comment from a local health administrator that being enrolled in PDMP does not mean a top prescriber uses the system. Sara will send the link to the Prescribing and Overdose Data Dashboard for Oregon. There is a tab for PDMP data that allows users to run queries based on top prescriber enrollment and use.

Muriel stated there should be a state law requiring PDMP enrollment and training in order to get a DEA license.

Decision: The subcommittee approved recommending one process measure – the percent of top prescribers enrolled in PDMP – to PHAB.

Environmental health

Active transportation: The subcommittee discussed two process measures for active transportation.

This is an emerging area for public health and few health departments are working in this area now. Muriel stated that interest from transportation and planning for working with public health seems to be increasing. Eli stated if there is interest from both sides, it is important to highlight this as a metric.

The subcommittee recommended changing the second proposed process measure (to give presentations to local decision makers on active transportation barriers and promising policy solutions) to an activity that could be implemented to meet the first measure proposed measure (to ensure local public health seats on transportation or planning governing or leadership boards).

Decision: The subcommittee approved recommending one process measure – the number of active transportation partner governing or leadership boards with LPHA representation – to PHAB.

Drinking water services: The existing program element for drinking water services includes three performance measures for LPHAs. The state and local Drinking Water Services workgroup recommends using all three of these performance measures and to not develop any new measures at this time.

Decision: The subcommittee approved recommending the three established performance measures to PHAB.

Subcommittee business

Myde Boles from Program Design and Evaluation Services will present these recommendations for a vote at the October 19 PHAB meeting. No separate subcommittee update is needed.

The current plan for the November meeting is to bring an outline for the public health accountability metrics report that will be published in 2018 to solicit feedback from the subcommittee. The subcommittee will continue its discussion about dental measures at an upcoming meeting.

Public testimony

No public testimony.

Adjournment

The meeting was adjourned.

The next Accountability Metrics subcommittee meeting is scheduled for:
November 22 from 1:00-2:00 pm

Public Health Advisory Board
Summary of local public health process measure recommendations
October 19, 2017

	Public Health Accountability Metric	Local public health process measures
Communicable disease control	Two-year-old vaccination rates	**PHAB Accountability Metrics subcommittee Recommendation:** 1. Percent of Vaccines for Children clinics [that serve populations experiencing vaccination disparities] that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program.
	Gonorrhea rates	**PHAB Accountability Metrics subcommittee Recommendation:** 1. Percent of gonorrhea cases that had at least one contact that received treatment 2. Percent of gonorrhea case reports with complete "priority" fields **Additional measures considered:** 3. Number of community-based organizations (CBOs) / partners engaged by LPHA to decrease gonorrhea rates 4. # of FTE trained and employed to conduct gonorrhea case management
Prevention and Health Promotion	Adults who smoke cigarettes	**PHAB Accountability Metrics subcommittee recommendation:** 1. Percent of community members reached by local [tobacco retail/smoke free] policies
	Opioid overdose deaths	**PHAB Accountability Metrics subcommittee recommendation:** 1. Percent of top prescribers enrolled in the Prescription Drug Monitoring Program (PDMP) **Additional measures considered:** 2. Percent of top prescribers who completed opioid overdose prevention trainings
Environmental Health	Active transportation	**PHAB Accountability Metrics subcommittee recommendation:** 1. Number of active transportation partner governing or leadership boards with LPHA representation **Additional measures considered:** 2. Number of presentations to local decision makers on active transportation barriers and evidence-based ore promising transportation policies
	Drinking water standards	**PHAB Accountability Metrics subcommittee recommendations:** 1. Number of water systems surveys completed 2. Number of water quality alert responses 3. Number of priority non-compliers (PNCs) resolved
Access	Effective contraceptive use	**PHAB Accountability Metrics subcommittee recommendation:**

		1. Number of local policy strategies for increasing access to effective contraceptives **Additional measures considered:** 2. Number of local assessments conducted to identify barriers to accessing effective contraceptives.
	Dental visits among children ages 0-5 years	**PHAB Accountability Metrics subcommittee recommendation:** Do not adopt a local public health process measure at this time. Continue to explore public health roles and functions to increase dental visits for 0-5 year olds. **Measures considered** 1. Percent of dental referrals made for LPHA 0-5 year old clients 2. Percent of WIC, home visiting and health department medical staff (if applicable) who have completed the "First Tooth" and/or "Maternity Teeth for Two" trainings 3. Number of "First Tooth" and/or "Maternity Teeth for Two" trainings delivered to health and dental care providers